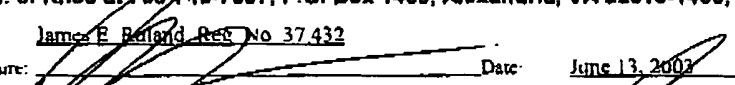
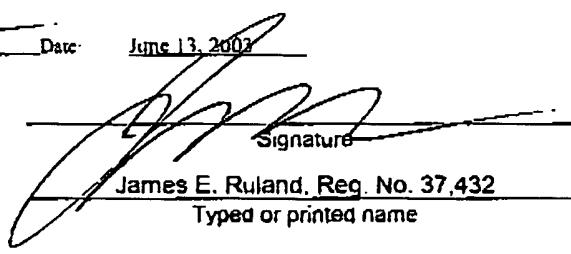
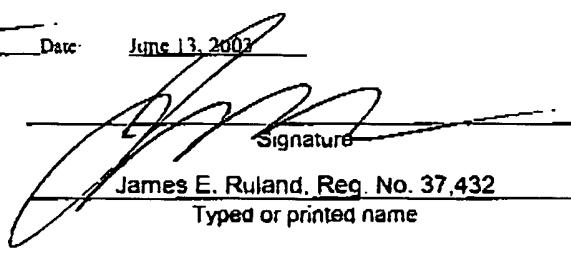


PTO/SB/22 (10-00)

Approved for: Through 10/31/2002 OMB 0851-0031
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) ATOCM-174																				
In re Application of LE ROY, Christophe, et al.																						
Application Number 09/544,614		Filed 4/6/00																				
COEXTRUSION BINDER, ITS USE FOR A MULTILAYER For STRUCTURE AND THE STRUCTURE THUS OBTAINED																						
Group Art Unit 1772	Examiner J. Rhee																					
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table> <tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ _____</td></tr> <tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$410.00</td></tr> <tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</td><td></td></tr> <tr><td><input type="checkbox"/> A check in the amount of the fee is enclosed.</td><td></td></tr> <tr><td><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</td><td></td></tr> <tr><td><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account</td><td></td></tr> <tr><td><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-3402</u>.</td><td></td></tr> </table> <p>I have enclosed a duplicate copy of this sheet</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p>Registration number if acting under 37 CFR 1.34(a). _____</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>CERTIFICATION OF FACSIMILE TRANSMISSION</p> <p>I hereby certify that this paper is being facsimile transmitted to the Commissioner of Patents, Attn: J. Rhee at 703-746-7307, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.</p> <p>Name: <u>James E. Ruland, Reg. No. 37,432</u></p> <p>Signature: </p> <p>Date: <u>June 13, 2003</u></p> <p><u>June 13, 2003</u> Date </p> <p>Signature: </p> <p>James E. Ruland, Reg. No. 37,432 Typed or printed name</p> <p>NOTE: Signature of the inventor or assignee or record or the entire interest of their representative(s) is required. Submit multiple forms if more than one signature is required. See Below. <input type="checkbox"/> "Total of _____ forms are submitted.</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$410.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____	<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.		<input type="checkbox"/> A check in the amount of the fee is enclosed.		<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-3402</u> .	
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